formation
Date of Birth:
sible Party
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Wk or Cell ()
Date of Birth:
Wk or Cell ()
Information
Date of Birth:
Group #
Date of Birth:
Group #
to your insurance company
of service.
sible party is liable for payment to Life Spirit Speech

I agree to notify Life Spirit Speech (949) 842-9557 at least 24 hours prior to scheduled appointment time, if I/my child is unable to be present as scheduled. I agree to pay \$60 fee for any appointment that I miss or fail to cancel 24 hours in advance. I understand that insurance cannot be billed for sessions that have not taken place. If an illness arises and a 24-hour notice is not able to occur, please contact Life Spirit Speech as soon as possible. If possible a make-up appointment will be scheduled. We appreciate that you do not bring sick patients for services.

Life Spirit Speech Pathology, Inc. 26284 Oso Road, Suite 114 San Juan Capistrano Ca. 92675

I (parent/guardian) agree to be available within the clinic facility in order to pick-up the patient at the completion of services. Life Spirit Speech is not able to monitor our patients after the completion of their service.

HIPAA NOTICE OF PRIVACY PRACTICES:
Please initial to indicate that you have received a copy of our privacy practices
I have been given a statement of privacy practices
I authorize Life Spirit Speech Pathology, Inc (LSSPI) therapists to provide care for my child and hereby authorize LSSPI to release any medical information necessary to process insurance claims: Physician referral may be necessary for processing of patient visits: It is the patient or parent's responsibility to have this information forwarded to LSSPI.
Signature Date: